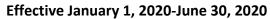
Elderly, Blind and Disabled (65+, 18-64)





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ective 1/2019	Eff	Rate ective 01/2020	Unit Value	Comments
Adult Day Services											
Basic	S5105	UC				\$	24.77	\$	31.63	1/2 Day	An individual unit is 4-5 hours per day
Specialized	S5105	UC	TF			\$	31.62	\$	43.28	1/2 Day	An individual unit is 3-5 hours per day
Adult Day Service Transportation All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year											
Taxi	A0100	UC	НВ	,		PUC*		PUC		1 Way Trip	
Mobility Van	710100	- 00	110			1.00				i way mp	
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	9.55	\$	9.55	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	17.61	\$	17.61	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	26.21	\$	26.21	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	11.34	\$	11.34	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	21.23	\$	21.23	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	28.92	\$	28.92	1 Way Trip	
Assistive Technology- Extended	T2029	UC				NR*		NR*		Per Purchase	\$1,000.00 Maximum
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Second Combined Maximum of \$16	•	•	ordinate	or and	Items F	Purcha	sed				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Service Items	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Consumer Direct Attenda		ort Ser	rvices	(CDAS	S)						
CDASS Homemaker	T2025	UC				\$	4.20		4.54	15 Minutes	
CDASS Personal Care	T2025	UC				\$	4.20	\$	4.54	15 Minutes	
CDASS Health Maintenance	T2025	UC				\$	7.44	\$	7.51	15 Minutes	
CDASS Per Member Per I		y FMS	Vendo	or							
Acumen- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Public Partnerships, LLC-FEA	T2040	UC				\$	103.21	\$		Month	
Palco- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Dental	D2999	UC				NR*		NR*		Per Procedure	\$8,000.00 Maximum





Elderly, Blind and Disabled (65+, 18-64)



	D	Mad	NAI	Mari	Mari	F	Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		ective		fective	Unit Value	Comments
	Oodo	" '	"-	"0	"-	07/0	1/2019	01/	01/2020		
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery/Meal	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modification	S5165	UC				NR*		NR'	ŧ	Per Mod	\$14,000.00 Lifetime Maximum
Homemaker	S5130	UC				\$	4.61	\$	4.98	15 minutes	
In Home Support Service	S										
IHSS Health Maintenance	H0038	UC				\$	7.51	\$	7.51	15 minutes	
IHSS Homemaker	S5130	UC	KX			\$	4.61	\$	4.98	15 minutes	
IHSS Personal Care	T1019	UC	KX			\$	4.61	\$	4.98	15 minutes	
IHSS Relative Personal Care	T1019	UC	HR	KX		\$	4.61	\$	4.98	15 minutes	No limit on IHSS benefits provided by parents of adult children. All other relatives limited to 40 hours per week.
Independent Living Skills Training (ILST)	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Medication Reminder											
Install/Purchase	T2029	UC	TF			NR*		NR'		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	UC				NR*		NR'	*	Month	1 unit = 1 month
Non Medical Transportat All types except Adult Day		ed to 20	8 trips	, or 10	4 round			ice pl	an year		
Taxi	A0100	UC				PUC	*	PU	C*	1 Way Trip	
Mobility Van										-	
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	9.55	\$	9.55	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT			\$	17.61	\$	17.61	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	26.21	\$	26.21	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	11.34	\$	11.34	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	21.23	\$	21.23	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	28.92	\$	28.92	1 Way Trip	
Non-Medical Transportat	•		ic Trai	nsit							
RTD Local	A0110	UC	TT			\$	57.00	\$		Monthly	
RTD Local- TFAD	A0110	UC	TT	НВ		\$	57.00	\$		Monthly	
RTD Local	A0110	UC	TK	ПD		\$	14.00	\$		10 Ride Book	
RTD Local- TFAD RTD Local	A0110 A0110	UC	TK TF	HB		\$	3.00	\$		10 Ride Book Day Pass	
RTD Local RTD Local- TFAD	A0110	UC	TF	НВ		\$	3.00	\$		Day Pass	
RTD Local	A0110	UC	TN			\$	1.50	\$		3 Hour Pass	
RTD Local- TFAD	A0110	UC	TN	НВ		\$	1.50	\$	1.50	3 Hour Pass	





Elderly, Blind and Disabled (65+, 18-64)



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2019	Ef	Rate fective 01/2020	Unit Value	Comments
RTD Local- Access A Ride	A0110	UC	SE			\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride TFAD	A0110	UC	SE	НВ		\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride	A0110	UC	TG			\$	30.00	\$	30.00	6 Ride Book	
RTD Local- Access A Ride TFAD	A0110	UC	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transportat	ion, Regi	ional P	ublic ⁻	Transit							
RTD Regional	A0110	UC	CG			\$	99.00	\$	99.00	Monthly	
RTD Regional TFAD	A0110	UC	CG	НВ		\$	99.00	\$	99.00	Monthly	
RTD Regional	A0110	UC	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	НВ		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	UC	TU			\$	5.25	\$	5.25	Day Pass	
RTD Regional TFAD	A0110	UC	TU	НВ		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	UC	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	НС			\$	9.00	\$	9.00	Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Personal Care	T1019	UC				\$	4.61	\$	4.98	15 minutes	
Personal Care-Relative	T1019	UC	HR			\$	4.61	\$	4.98	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res		ystem									
Install/Purchase	S5160	UC				NR*		NR'		Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR'	*	Month	1 unit = 1 month
Respite Care Combined maximum of 30	days per	calend	lar yea	r for Re	espite (Care p	orovided	in an	ACF, In I	Home, or a Nurs	ing Facility
ACF	S5151	UC				\$	58.39	\$	88.97	Day	
In-Home	S5150	UC				\$	4.99	\$		15 minutes	Not to exceed the Nursing Facility per diem for respite care (or 6.5 hours per day)
NF	H0045	UC				\$	130.21	\$	178.55	Day	
Transitional Behavioral Health Services	H0025	UC				\$	25.31	\$	25.31	30 Minutes	
Vision Services	V2799	UC				\$	1.00	\$	1.00	Per Procedure	\$1,000 Maximum

	Legend									
CG	Policy criteria applied									
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)									
HF	Substance Abuse Program									
HQ	Group Setting									
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)									
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)									
NR*	Negotiated Rate, will vary by client									
PUC*	Public Utility Commission Determined Rate									





Elderly, Blind and Disabled (65+, 18-64)



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2019	Rate Effective 01/01/2020	Unit Value	Comments		
TF	Interme	diate Level of Care									
TN	Outside	Provid	ders' c	ustom	ary ser	vice area					
TT	Individu	alized	servic	e prov	ided to	more than o	ne client in th	e same setting			
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)										





Community Mental Health Supports

Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2019	Eff	Rate ective 01/2020	Unit Value	Comments
Adult Day Services											
Basic	S5105	UC				\$	24.77	\$	31.63	1/2 Day	An individual unit is 4-5 hours per day
Specialized	S5105	UC	TF			\$	31.62	\$	43.28	1/2 Day	An individual unit is 3-5 hours per day
Adult Day Service Transp											
All types except Adult Day				, or 10 ²	4 round					_	-
Taxi	A0100	UC	HB			PUC	*	PUC	<u>,*</u>	1 Way Trip	
Mobility Van											-
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	9.55	\$	9.55	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	ТТ	НВ		\$	17.61	\$	17.61	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	26.21	\$	26.21	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	11.34	\$	11.34	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	21.23	\$	21.23	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	28.92	\$	28.92	1 Way Trip	
Assistive Technology- Extended	T2029	UC				NR*		NR*		Per Purchase	\$1,000.00 Maximum
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se	rvices (0	CTS)									
Combined Maximum of \$16	5,700.00	for Coo	ordinate	or and	Items F	Purcha	ased				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Service Items	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Consumer Directed Atten			(CDAS	S)							
CDASS Homemaker	T2025	UC				\$	4.20			15 Minutes	
CDASS Personal Care	T2025	UC				\$	4.20	\$	4.54	15 Minutes	
CDASS Health Maintenance	T2025	UC				\$	7.44	\$	7.51	15 Minutes	
CDASS Per Member Per I	Month R	v FMS	Vendo	or							
Acumen- FEA	T2040	UC	Toriul			\$	85.00	\$	85.00	Month	
Public Partnerships, LLC- FEA	T2040	UC				\$	103.21	\$		Month	
Palco- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Dental	D2999	UC				NR*		NR*		Per Procedure	\$8,000.00 Maximum



Community Mental Health Supports



Effective January 1, 2020-June 30, 2020

Service Description	Proc	Mod	Mod	Mod	Mod		Rate ective	Rate Effective		Unit Value	Comments
	Code	#1	#2	#3	#4		1/2019		1/2020		
											Time limited for CCT
Home Delivered Meals	S5170	UC				¢.	10.00	ď	10.00	Dor Dolivory	clients, may be provided more often during initial
nome Delivered Meais	35170	UC				\$	10.80	\$	10.80	Per Delivery	weeks after discharge
											from an institution
Home Modification	S5165	UC				NR*		NR*		Per Mod	\$10,000.00 Maximum
Homemaker	S5130	UC				\$	4.61	\$	4.98	15 Minutes	ψ : σ,σσστοσ : πιασαπταπτ
Independent Living Skills											24 units per day
Training	H2014	UC				\$	9.33	\$	9.33	15 Minutes	maximum
Intensive Case	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Management	11010	UC				φ	21.10	φ	21.10	15 Millutes	
Medication Reminder											
Install/Purchase	T2029	UC	TF			NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	UC				NR*		NR*		Month	1 unit = 1 month
Non Medical Transportat											
All types except Adult Day	are limite		8 trips	, or 10 ₄	4 round	l trips					
Taxi	A0100	UC				PUC	*	PUC	<u>,*</u>	1 Way Trip	
Mobility Van											
Mobility Van-Mileage	A0120	UC				\$	9.55	\$	9.55	1 Way Trip	
Band 1 (0-10 miles)	70120	00				Ψ	9.55	¥	9.00	i way mp	
Mobility Van-Mileage	A0120	UC	TT			\$	17.61	\$	17 61	1 Way Trip	
Band 2 (11-20 miles)	710120					Ψ				· ···ay ····p	
Mobility Van-Mileage	A0120	UC	TN			\$	26.21	\$	26.21	1 Way Trip	
Band 3 (over 20 miles) Wheelchair Van										- 7	
	1				ı			1		<u> </u>	
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	11.34	\$	11.34	1 Way Trip	
Wheelchair Van-Mileage											
Band 2 (11-20 miles)	A0130	UC	TT			\$	21.23	\$	21.23	1 Way Trip	
Wheelchair Van-Mileage						_		_			
Band 3 (over 20 miles)	A0130	UC	TN			\$	28.92	\$	28.92	1 Way Trip	
Non-Medical Transportat	ion, Loca	al Publ	ic Trai	nsit	•						
RTD Local	A0110	UC	TT			\$	57.00	\$	57.00	Monthly	
RTD Local- TFAD	A0110	UC	TT	НВ		\$	57.00	\$	57.00	Monthly	
RTD Local	A0110	UC	TK			\$	14.00	\$	14.00	10 Ride Book	
RTD Local- TFAD	A0110	UC	TK	НВ		\$	14.00			10 Ride Book	
RTD Local	A0110	UC	TF			\$	3.00			Day Pass	
RTD Local- TFAD	A0110	UC	TF	НВ		\$	3.00	_		Day Pass	
RTD Local	A0110	UC	TN			\$	1.50			3 Hour Pass	
RTD Local- TFAD	A0110	UC	TN	НВ		\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- Access A	A0110	UC	SE			\$	5.00	\$	5.00	Single	
Ride		_									
RTD Local- Access A Ride TFAD	A0110	UC	SE	НВ		\$	5.00	\$	5.00	Single	
RTD Local- Access A											
Ride	A0110	UC	TG			\$	30.00	\$	30.00	6 Ride Book	
RTD Local- Access A											
Ride TFAD	A0110	UC	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transportat	ion. Regi	ional P	ublic "	Transii							
RTD Regional	A0110	UC	CG			\$	99.00	\$	99.00	Monthly	
RTD Regional TFAD	A0110	UC	CG	НВ		\$	99.00	\$		Monthly	
TO Regional TEAD	70110	50	J	טוי		Ψ	99.00	Ψ	99.00	IVIOLIUIIY	



Community Mental Health Supports

Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2019	Eff	Rate fective 01/2020	Unit Value	Comments
RTD Regional	A0110	UC	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	НВ		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	UC	TU			\$	5.25	\$	5.25	Day Pass	
RTD Regional TFAD	A0110	UC	TU	НВ		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	UC	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	НС			\$	9.00	\$	9.00	Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 minutes	
Personal Care	T1019	UC				\$	4.61	\$	4.98	15 minutes	
Personal Care-Relative	T1019	UC	HR			\$	4.61	\$	4.98	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	sponse S	ystem	(PERS	5)							
Install/Purchase	S5160	UC				NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*		Month	1 unit = 1 month
Respite Care Combined maximum of 30	days per	calend	lar yea	r for Re	espite (Care p	rovided	in an	ACF or a	Nursing Facility	,
Alternative Care Facility (ACF)	S5151	UC				\$	58.39	\$	88.97	Day	
Nursing Facility	H0045	UC				\$	130.21	\$	178.55	Day	
Transitional Behavioral Health Services	H0025	UC				\$	25.31	\$	25.31	30 Minutes	
Vision Services	V2799	UC				\$	1.00	\$	1.00	Per Procedure	\$1,000 Maximum

	Legend
CG	Policy criteria applied
НВ	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
TF	Intermediate Level of Care
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)



Brain Injury

Effective January 1, 2020-June 30, 2020



	Rate Ra			Rate							
Service Description	Proc	Mod	Mod	Mod	Mod		ective		fective	Unit Value	Comments
con neo 2000 i pilon	Code	#1	#2	#3	#4		1/2019		01/2020	Cint raids	Commonic
										Ì	At least 2 or more hours
Adult Day Services	S5102	UC				\$	52.14	\$	78.08	Day	of attendance 1 or more
-											days per week
Adult Day Service Transp	ortation										
All types except Adult Day	are limite	ed to 20)4 trips	, or 10	4 round	trips					
Taxi	A0100	UC	НВ			F	UC*		PUC*	1 Way Trip	
Mobility Van											
Mobility Van-Mileage	40400					_	0.55	_	0.55	4 3 4 7 .	
Band 1 (0-10 miles)	A0120	UC	HB			\$	9.55	\$	9.55	1 Way Trip	
Mobility Van-Mileage										.	
Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	17.61	\$	17.61	1 Way Trip	
Mobility Van-Mileage										.	
Band 3 (over 20 miles)	A0120	UC	TN	HB		\$	26.21	\$	26.21	1 Way Trip	
Wheelchair Van										-	
Wheelchair Van-Mileage	40400					_	44.04	_	44.04	4 M/ T :	
Band 1 (0-10 miles)	A0130	UC	HB			\$	11.34	\$	11.34	1 Way Trip	
Wheelchair Van-Mileage	A 04 00	-110				φ.	04.00	φ.	04.00	4)	
Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	21.23	\$	21.23	1 Way Trip	
Wheelchair Van-Mileage	A0130	UC	TNI	НВ		¢.	20.02	¢.	20.02	1 May Trip	
Band 3 (over 20 miles)	A0130	UC	TN	пв		\$	28.92	\$	28.92	1 Way Trip	
Assistive Technology	T2029	UC	HB			NR*		NR'	ŧ	Per Purchase	
Behavioral Programming	H0025	UC	TF			\$	14.86	\$	14.86	30 Minutes	
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Sombined Maximum of \$1			ordinat	or and	Items F	Purcha	ased	I		<u> </u>	
Coordinator	T2038	UC				NR*		NR'		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR'	ŧ	Per Purchase	\$1,500.00 Maximum
Consumer Direct Attenda	ant Supp	orts ar	nd Ser	vices (CDASS	S)					
CDASS Homemaker	T2025	UC				\$	4.20	\$	4.54	15 minutes	
CDASS Personal Care	T2025	UC				\$	4.20	\$	4.54	15 Minutes	
CDASS Health	T2025	-10				φ.	7 4 4	φ.	7.54	4.5 main vita a	
Maintenance	T2025	UC				\$	7.44	\$	7.51	15 minutes	
CDASS Per Member Per	Month, B	y FMS	Vend	or							
Acumen- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Public Partnerships, LLC-	T0040	-10				φ.	100.01	Φ.	400.04	Marath	
FEA	T2040	UC				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
											At least 2 or more hours
Day Treatment	H2018	UC				\$	83.55	\$	83.55	Day	of attendance 1 or more
											days per week
											\$8,000.00 Lifetime
Dental	D2999	UC				NR*		NR'	*	Per Procedure	\$8,000.00 Lifetime Maximum, Demonstration



Brain Injury

Version: 1.0

Date: 02/05/2020

Effective January 1, 2020-June 30, 2020



							Rate		Rate		
Service Description	Proc	Mod	Mod	Mod	Mod		fective	F	ffective	Unit Value	Comments
CONTINUE DOSCRIPTION	Code	#1	#2	#3	#4		01/2019	_	/01/2020	Cinc value	Commonto
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery/ Meal	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modifications	S5165	UC				NR'	*	NR	2*	Per Mod	\$14,000.00 Lifetime Maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Independent Living Skills Training (ILST)	T2013	UC				\$	26.79	\$	26.79	Hour	
Mental Health Counseling	g										
Must obtain Department ap	_	ver 30 (cumula	tive vis	sits of c	ouns	eling				
Family	H0004	UC	HR			\$	15.19	\$	25.75	15 minutes	
Group	H0004	UC	HQ			\$	8.51	\$	15.19	15 minutes	
Individual	H0004	UC				\$	15.19	\$	25.75	15 minutes	
Non-Medical Transportat All types except Adult Day		ed to 20)4 trips	. or 10	4 round	l trips	.				
Taxi	A0100	UC					PUC*		PUC*	1 Way Trip	
Mobility Van	710100								100	i way mp	
Mobility Van-Mileage	I .	l								l	
Band 1 (0-10 miles)	A0120	UC				\$	9.55	\$	9.55	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	Т			\$	17.61	\$	17.61	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	26.21	\$	26.21	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	11.34	\$	11.34	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	21.23	\$	21.23	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	28.92	\$	28.92	1 Way Trip	
Non-Medical Transportat	ion. Loca	al Publ	ic Tra	nsit							
RTD Local	A0110		TT			\$	57.00	\$	57.00	Monthly	
RTD Local- TFAD	A0110	UC	TT	НВ		\$	57.00	\$		Monthly	
RTD Local	A0110	UC	TK			\$	14.00	\$		10 Ride Book	
RTD Local- TFAD	A0110	UC	TK	НВ		\$	14.00	\$		10 Ride Book	
RTD Local	A0110	UC	TF			\$	3.00	\$		Day Pass	
RTD Local- TFAD	A0110	UC	TF	НВ		\$	3.00	\$		Day Pass	
RTD Local	A0110	UC	TN			\$	1.50	\$		3 Hour Pass	
RTD Local- TFAD	A0110	UC	TN	НВ		\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	UC	SE			\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride TFAD	A0110	UC	SE	НВ		\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride	A0110	UC	TG			\$	30.00	\$	30.00	6 Ride Book	
RTD Local- Access A Ride TFAD	A0110	UC	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transportat	ion, Reg	ional P	ublic '	Transit							

OF COLOPE

Brain Injury



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ective 1/2019	Eff	Rate ective 01/2020	Unit Value	Comments
RTD Regional	A0110	UC	CG			\$	99.00	\$	99.00	Monthly	
RTD Regional TFAD	A0110	UC	CG	НВ		\$	99.00	\$	99.00	Monthly	
RTD Regional	A0110	UC	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	НВ		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	UC	TU			\$	5.25	\$	5.25	Day Pass	
RTD Regional TFAD	A0110	UC	TU	НВ		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	UC	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	НС			\$	9.00	\$	9.00	Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Personal Care	T1019	UC	TG			\$	4.61	\$	4.98	15 minutes	Not to exceed 10 hours per day
Personal Care-Relative	T1019	UC	HR	TG		\$	4.61	\$	4.98	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	ponse S	ystem	(PERS	5)							
Installation	S5160	UC				NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*		Month	1 unit = 1 month
Respite Care Combined maximum of 72	0 hours p	er certi	ification	n perio	dfor Re	spite (Care pro	vided	In Home	or a Nursing Fa	acility
In Home	S5150	UC				\$	4.99	\$	5.70	15 minutes	All inclusive of client's needs; not to exceed 8 hours per day
NF	H0045	UC	TF			\$	123.20	\$	178.55	Day	
Substance Abuse Couns	eling										
Family	T1006	UC	HR	HF		\$	61.45	\$	61.45	Hour	
Group	H0047	UC	HQ	TF	HF	\$	34.43	\$	34.43	Hour	
Individual	H0047	UC	TF	HF		\$	61.45	\$	61.45	Hour	

	Legend
CG	Policy criteria applied
FS*	Facility Specific rate determined using acuity scores by the Dept.
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HK	Specialized Mental Health Program for High-Risk Populations
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)
NR*	Negotiated Rate, will vary by client
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)





Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ra Effec 07/01/	tive	Effe	Rate ective 1/2020	Unit Value	Comments
Assistive Technology- Extended	T2029	UC				NR*		NR*		Per Purchase	\$1,000.00 Maximum
Behavioral Services											
Behavioral Line Staff	H2019	UC				\$	7.30	\$	7.30	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	UC	Н	TG		\$ 2	25.80	\$	25.80	15 Minutes	Maximum of 80 units per service plan year
Behavioral Counseling- Individual	H2019	UC	TF	TG		\$ 2	25.80	\$	25.80	15 Minutes	Maximum of 208 units combined Individual and
Behavioral Counseling Group	H2019	UC	TF	HQ		\$	8.70	\$	8.70	15 Minutes	Group, per Service Plan year.
Behavioral Plan Assessment	T2024	UC	HI				25.80	\$	25.80	15 Minutes	Maximum of 40 units per Service Plan year.
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Second Combined Maximum of \$1			ordinate	or and	Items F	Purchase	ed				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Day Rehabilitation Maximum units of Speciali is 7112 units per service p Prevocational Services and	lan year;	Maxim	um con	nbined	units c	of Specia	alized H	Habilita	ation, Su		
Specialized Habilitation Level 1	T2021	UC	HQ			\$	2.60	\$	2.60	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 2	T2021	UC	HI	HQ		\$	2.86	\$	2.86	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 3	T2021	UC	TF	HQ		\$	3.18	\$	3.18	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 4	T2021	UC	TF	HI	HQ	\$	3.75	\$	3.75	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 5	T2021	UC	TG	HQ		\$	4.64	\$	4.64	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 6	T2021	UC	TG	Ξ	HQ	\$	6.66	\$	6.66	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 7	T2021	UC	sc	Ħ		\$	10.48	\$	10.48	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 1	T2021	UC				\$	3.16	\$	3.16	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 2	T2021	UC	Н			\$	3.45	\$	3.45	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 3	T2021	UC	TF			\$	3.91	\$	3.91	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 4	T2021	UC	TF	HI		\$	4.48	\$	4.48	15 Minutes	Maximum 4,800 units



Developmental Disabilities



Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2019		Rate fective 01/2020	Unit Value	Comments
Supported Community Connections Level 5	T2021	UC	TG			\$	5.46	\$	5.46	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 6	T2021	UC	TG	Н		\$	7.10	\$	7.10	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 7	T2021	UC	SC			\$	10.48	\$	10.48	15 Minutes	Maximum 4,800 units
Dental	D2999	UC	HI			\$	-	\$	-		Please refer to DIDD Dental Fee Schedule for rates
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Non Medical Transportat Maximum of 508 trips (all r		ands) լ	oer Ser	vice Pl	an yea	r.					
Transportation Mileage Band 1 (0-10 Miles)	T2003	UC				\$	6.65	\$	6.65	1 Trip	
Transportation Mileage Band 2 (11-20 Miles)	T2003	UC	H			\$	13.91	\$	13.91	1 Trip	
Transportation Mileage Band 3 (over 20 miles)	T2003	UC	TF			\$	21.18	\$	21.18	1 Trip	
Other (public conveyance)	T2004	UC				\$	1.00	\$	1.00	Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Prevocational Services Maximum units of Specializes is 7112 units per service p Prevocational Services and	lan year;	Maxim	um con	nbined	units c	of Sp	ecialized H	Habil	itation, Su		
Prevocational Services Level 1	T2015	UC	HQ			\$	2.60	\$	2.60	15 Minutes	Maximum 4,800 units
Prevocational Services Level 2	T2015	UC	HI	HQ		\$	2.86	\$	2.86	15 Minutes	Maximum 4,800 units
Prevocational Services Level 3	T2015	UC	TF	HQ		\$	3.18	\$	3.18	15 Minutes	Maximum 4,800 units
Prevocational Services Level 4	T2015	UC	TF	HI	HQ	\$	3.75	\$	3.75	15 Minutes	Maximum 4,800 units
Prevocational Services Level 5	T2015	UC	TG	HQ		\$	4.64	\$	4.64	15 Minutes	Maximum 4,800 units
Prevocational Services Level 6	T2015	UC	TG	HI	HQ	\$	6.66	\$	6.66	15 Minutes	Maximum 4,800 units
Residential Services	,										
Group Residential Services and Supports- Level 1	T2016	UC	HQ			\$	96.29	\$	118.00	Day	
Group Residential Services and Supports- Level 2	T2016	UC	Ħ	HQ		\$	126.72	\$	142.13	Day	



Developmental Disabilities

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COLORADO Department of Health Care Policy & Financing

Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2019	Ef	Rate fective 01/2020	Unit Value	Comments
Group Residential Services and Supports- Level 3	T2016	UC	TF	HQ		\$	149.29	\$	160.83	Day	
Group Residential Services and Supports- Level 4	T2016	UC	TF	HI	HQ	\$	176.36	\$	183.49	Day	
Group Residential Services and Supports- Level 5	T2016	UC	TG	HQ		\$	194.82	\$	200.99	Day	
Group Residential Services and Supports- Level 6	T2016	UC	TG	Н	HQ	\$	230.53	\$	233.45	Day	
Group Residential Services and Supports- Level 7	T2016	UC	SC	HQ		NR'	*	NR ³	*	Day	
Individual Residential Services and Supports- Level 1	T2016	UC				\$	71.49	\$	71.49	Day	
Individual Residential Services and Supports- Level 2	T2016	UC	HI			\$	115.51	\$	115.51	Day	
Individual Residential Services and Supports- Level 3	T2016	UC	TF			\$	141.15	\$	141.15	Day	
Individual Residential Services and Supports- Level 4	T2016	UC	TF	Ħ		\$	171.84	\$	171.84	Day	
Individual Residential Services and Supports- Level 5	T2016	UC	TG			\$	197.47	\$	197.47	Day	
Individual Residential Services and Supports- Level 6	T2016	UC	TG	Ħ		\$	248.17	\$	248.17	Day	
Individual Residential Services and Supports- Level 7	T2016	UC	SC			NR'	*	NR ³	*	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	UC	TT			\$	66.31	\$	66.31	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	UC	Н	TT		\$	107.13	\$	107.13	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	UC	TF	ТТ		\$	130.89	\$	130.89	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	UC	TF	НІ	тт	\$	159.38	\$	159.38	Day	



Developmental Disabilities

Vision

COLORADO Department of Health Care Policy & Financing

Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2019	Eff	Rate fective 01/2020	Unit Value	Comments
Individual Residential Services and Supports/Host Home- Level 5	T2016	UC	TG	ТТ		\$	183.13	\$	183.13	Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	UC	TG	Ħ	TT	\$	230.17	\$	230.17	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	UC	SC	П		NR*		NR*	+	Day	
Supported Employment Maximum units of Specialii is 7112 units per service p Prevocational Services and	lan year;	Maxim	um cor	nbined	units c	of Spe	cialized I	-labili	tation, Su		
Supported Employment Group Level 1	T2019	UC	HQ			\$	3.47	\$	3.47	15 Minutes	
Supported Employment Group Level 2	T2019	UC	HI	HQ		\$	3.82	\$	3.82	15 Minutes	
Supported Employment Group Level 3	T2019	UC	TF	HQ		\$	4.24	\$	4.24	15 Minutes	
Supported Employment Group Level 4	T2019	UC	TF	Н	HQ	\$	4.91	\$	4.91	15 Minutes	
Supported Employment Group Level 5	T2019	UC	TG	HQ		\$	5.85	\$	5.85	15 Minutes	
Supported Employment Group Level 6	T2019	UC	TG	НІ	HQ	\$	7.65	\$	7.65	15 Minutes	
Supported Employment Individual-All Levels	T2019	UC	SC			\$	14.34	\$	14.34	15 Minutes	
Job Development Group- All Levels	H2023	UC	HQ			\$	4.58	\$	4.58	15 Minutes	
Job Development Levels 1-2	H2023	UC				\$	14.34	\$	14.34	15 Minutes	
Job Development Levels 3-4	H2023	UC	НІ			\$	14.34	\$	14.34	15 Minutes	
Job Development Levels 5-6	H2023	UC	TF			\$	14.34	\$	14.34	15 Minutes	
Job Placement	H2024	UC				\$	1.00	\$		Dollar	
Job Placement Group	H2024	UC	HQ		<u> </u>	\$	1.00	\$	1.00	Dollar	
Specialized Medical Equi	ipment a	nd Sup	plies								
Disposable	T2028	UC				\$	1.00	\$	1.00	Dollar	Services may be authorized by a CCB up the DDD pre-established thresholds, beyond which
Equipment	T2029	UC	TF			\$	1.00	\$	1.00	Dollar	DDD prior authorization is required.

Version: 1.0

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

Date: 02/05/2020

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

www.colorado.gov/hcpf

\$

1.00 \$

1.00 Per Procedure

V2799 UC

HI



\$1,000.00 Maximum

Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Effective January 1, 2020-June 30, 2020

Service Description Proc Mod Mod Mod Mod Code #1 #2 #3 #4	Rate Rate	Unit Value	Comments
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	Legend
HF	Substance Abuse Program
HI	Integrated Mental Health/Intellectual and Developmental Disabilities program
HQ	Group Setting
NR*	Negotiated Rate, will vary by client
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf



Supported Living Services

Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2019	Effe	Rate ective 1/2020	Unit Value	Comments
Assistive Technology	T2035	UC				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19)
Behavioral Services	1									T	Marrian of OCO units non
Behavioral Line Staff	H2019	UC				\$	7.30	\$	7.30	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	UC	HI	TG		\$	25.80	\$	25.80	15 Minutes	Maximum of 80 units per service plan year
Behavioral Counseling Individual	H2019	UC	TF	TG		\$	25.80	\$	25.80	15 Minutes	Maximum of 208 units combined Individual and
Behavioral Counseling Group	H2019	UC	TF	HQ		\$	8.70	\$	8.70	15 Minutes	Group, per Service Plan year.
Behavioral Plan Assessment	T2024	UC	Ξ			\$	25.80	\$	25.80	15 Minutes	Maximum of 40 units per Service Plan year.
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Services (CTS) Combined Maximum of \$16,700.00 for Coordinator and Items Purchased											
Combined Maximum of \$1	6,700.00	for Cod	ordinate	or and	Items I	urcha	sed				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Day Habilitation Maximum of 7,112 combin Supported Employment pe				Habilit	ation, S	Suppo	rted Con	nmunit	ty Conne	ections, Prevoca	tional Services, and
Specialized Habilitation Level 1	T2021	UC	HQ			\$	2.60	\$	2.60	15 Minutes	
Specialized Habilitation Level 2	T2021	UC	HI	HQ		\$	2.86	\$	2.86	15 Minutes	
Specialized Habilitation Level 3	T2021	UC	TF	HQ		\$	3.18	\$	3.18	15 Minutes	
Specialized Habilitation Level 4	T2021	UC	TF	HI	HQ	\$	3.75	\$	3.75	15 Minutes	
Specialized Habilitation Level 5	T2021	UC	TG	HQ		\$	4.64	\$	4.64	15 Minutes	
Specialized Habilitation Level 6	T2021	UC	TG	HI	HQ	\$	6.66	\$	6.66	15 Minutes	
Supported Community Connections Level 1	T2021	UC				\$	3.16	\$	3.16	15 Minutes	
Supported Community Connections Level 2	T2021	UC	НІ			\$	3.45	\$	3.45	15 Minutes	

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Supported Living Services

Version: 1.0

Date: 02/05/2020

Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2019	Rate fective 01/2020	Unit Value	Comments
Supported Community Connections Level 3	T2021	UC	TF			\$	3.91	\$ 3.91	15 Minutes	
Supported Community Connections Level 4	T2021	UC	TF	HI		\$	4.48	\$ 4.48	15 Minutes	
Supported Community Connections Level 5	T2021	UC	TG			\$	5.40	\$ 5.40	15 Minutes	
Supported Community Connections Level 6	T2021	UC	TG	НІ		\$	7.10	\$ 7.10	15 Minutes	
Dental	D2999	UC	НІ			\$	-	\$ -		Please refer to DIDD Dental Fee Schedule for rates
Home Accessibility Adaptations	S5165	UC				\$	1.00	\$ 1.00	Dollar	Maximum \$10,000.00 for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations combined per waiver renewal period (07/01/2014-06/30/2019)
Homemaker										
Basic	S5130	UC	HI			\$	4.54	\$ 4.91	15 Minutes	
Enhanced	S5130	UC	TF			\$	6.54	\$ 7.08	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual behavioral or medical needs.
Independent Living Skills Training (ILST)	H2014	UC				\$	9.33	\$ 9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$ 21.10	15 Minutes	
Mentorship	H2021	UC				\$	11.02	\$ 11.02	15 Minutes	Maximum of 192 units/year.
Non Medical Transportat Maximum of 208 trips (all r		ands) į	oer Ser	vice Pl	an yea	r.				
Mileage Band 1 (0-10 Miles)	T2003	UC				\$	6.65	\$ 6.65	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	UC	НІ			\$	13.91	\$ 13.91	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	UC	TF			\$	21.18	\$ 21.18	1 Trip	
Mileage not in Day Program	T2003	UC	НВ			\$	6.65	\$ 6.65	4 Trips per week	4 Trips Per Week (Mileage band 1)



Supported Living Services

Effective January 1, 2020-June 30, 2020



							Rate		Rate		
Service Description	Proc	Mod	Mod	Mod	Mod	E4	fective	=	ffective	Unit Value	Comments
Service Description	Code	#1	#2	#3	#4		01/2019		/01/2020	Offic value	Comments
						077	01/2019	UI	01/2020		
Other (public conveyance)	T2004	UC				\$	1.00	\$	1.00	Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.
Personal Emergency Response System (PERS)	S5161	UC				\$	1.00	\$	1.00	Dollar	
Personal Care	T1019	UC	TF			\$	5.28	\$	5.71	15 Minutes	
Prevocational Services						-					
Maximum combined units per year.	of Specia	lized H	abilitat	ion, Su	pporte	d Co	mmunity (Conn	ections a	nd Supported En	nployment is 7,112 units
Prevocational Services Level 1	T2015	UC	HQ			\$	2.60	\$	2.60	15 Minutes	
Prevocational Services Level 2	T2015	UC	HI	HQ		\$	2.86	\$	2.86	15 Minutes	
Prevocational Services Level 3	T2015	UC	TF	HQ		\$	3.18	\$	3.18	15 Minutes	
Prevocational Services Level 4	T2015	UC	TF	HI	HQ	\$	3.75	\$	3.75	15 Minutes	
Prevocational Services Level 5	T2015	UC	TG	HQ		\$	4.64	\$	4.64	15 Minutes	
Prevocational Services Level 6	T2015	UC	TG	HI	HQ	\$	6.66	\$	6.66	15 Minutes	
Professional Services											
Massage Therapy	97124	UC				\$	19.29	\$	19.29	15 Minutes	
Movement Therapy Bachelors	G0176	UC	HN			\$	16.09	\$	16.09	15 Minutes	
Movement Therapy Masters	G0176	UC				\$	23.57	\$		15 Minutes	
Hippotherapy Individual	S8940	UC				\$	21.43	\$		15 Minutes	
Hippotherapy Group	S8940		HQ			\$	9.11	\$		15 Minutes	
Rec Pass Access Fee	S5199	UC				\$	1.00	\$	1.00	Dollar	
Respite Care											
Individual	S5150	UC	TG			\$	5.07	\$	5.35	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Individual Day	S5151	UC	TG			\$\$	202.69	\$	214.09	1 Day	hours) in a 24 hour period.
Group	S5151	UC	HQ	TG		\$	1.00	\$	1.00	Dollar	Group Respite rates may
Camp	T2036	UC				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
Specialized Medical Equi	ipment a	nd Sur	plies							•	
Disposable	T2028	UC				\$	1.00	\$	1.00	Dollar	

Supported Living Services

Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	tate ective 1/2019	Rate Effective 01/01/2020		Unit Value	Comments
Equipment	T2029	UC	TF			\$	1.00	\$	1.00	Dollar	
Supported Employment The maximum Supported Employment units per Service Plan year are limited to 7,112 minus the combined total units for Specializ Habilitation, Supported Community Connections and Prevocational Services, which are limited to a maximum of 4,800 units.											
Supported Employment Group Level 1	T2019	UC	HQ			\$	3.47	\$	3.47	15 Minutes	
Supported Employment Group Level 2	T2019	UC	Ξ	HQ		\$	3.82	\$	3.82	15 Minutes	
Supported Employment Group Level 3	T2019	UC	TF	HQ		\$	4.24	\$	4.24	15 Minutes	
Supported Employment Group Level 4	T2019	UC	TF	Н	HQ	\$	4.91	\$	4.91	15 Minutes	
Supported Employment Group Level 5	T2019	UC	TG	HQ		\$	5.85	\$	5.85	15 Minutes	
Supported Employment Group Level 6	T2019	UC	TG	НІ	HQ	\$	7.65	\$	7.65	15 Minutes	
Supported Employment Individual-All Levels	T2019	UC	Ξ			\$	14.34	\$	14.34	15 Minutes	
Job Development Group- All Levels	H2023	UC	HQ			\$	4.58	\$	4.58	15 Minutes	
Job Development Levels 1-2	H2023	UC				\$	14.34	\$	14.34	15 Minutes	
Job Development Levels 3-4	H2023	UC	Η			\$	14.34	\$	14.34	15 Minutes	
Job Development Levels 5-6	H2023	UC	TF			\$	14.34	\$	14.34	15 Minutes	
Job Placement	H2024	UC				\$	1.00	\$		Dollar	
Job Placement Group	H2024	UC	HQ			\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	UC				NR*		NR*		Per Mod	Maximum \$10,000.00 for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations combined per waiver renewal period (07/01/2014-06/30/2019)

	Legend
НВ	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)
HF	Substance Abuse Program
HI	Integrated Mental Health/Intellectual and Developmental Disabilities program
HN	Bachelor's Degree Level
HQ	Group Setting
NR*	Negotiated Rate, will vary by client
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf

Supported Living Services

Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2019	Rate Effective 01/01/2020	Unit Value	Comments
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)								





ADJUSTMENT TABLE							
WAIVER TYPE	PERCENTAGE INCREASE	MULTIPLIER					
Across the Board Inc	rease Effective July 1, 2019						
CCT EBD	1.000%	1.01000					
CCT CMHS	1.000%	1.01000					
ССТ ВІ	1.000%	1.01000					
CCT DD	1.000%	1.01000					
CCT SLS	1.000%	1.01000					
Targeted Rate Increas	ses Effective January 1, 2020)					
EBD, CMHS Adult Day, Basic	27.690%	1.27690					
EBD, CMHS Adult Day, Specialized	36.875%	1.36875					
EBD, CMHS Respite, Alternative Care							
Facility	52.370%	1.52370					
EBD, CMHS Respite, Nursing Facility	37.125%	1.37125					
BI Adult Day	49.750%	1.49750					
BI Mental Health Counseling, Individual							
and Family	69.510%	1.69510					
BI Mental Health Counseling, Group	78.490%	1.78490					
BI Respite, Nursing Facility	44.938%	1.44930					
CDASS Personal Care and Homemaker	8.100%	1.08100					
EBD, CMHS, BI Personal Care and							
Homemaker	8.020%	1.08020					
EBD, CMHS, BI Respite, In Home	14.220%	1.14220					
Group Residential Services and Supports,							
Level 1	22.550%	1.22550					
Group Residential Services and Supports,							
Level 2	12.160%	1.12160					
Group Residential Services and Supports,							
Level 3	7.730%	1.07730					
Group Residential Services and Supports,							
Level 4	4.043%	1.04043					
Group Residential Services and Supports,							
Level 5	3.167%	1.03167					
Group Residential Services and Supports,							
Level 6	1.266%	1.01266					
SLS Homemaker, Enhanced Homemaker	8.190%	1.08190					
SLS Personal Care	8.148%	1.08148					
SLS Respite Services, Individual	5.550%	1.05550					
SLS Respite Services, Individual Per Diem	5.624%	1.05624					

